

T/E



CONESTOGA HIGH SCHOOL
TREDYFFRIN/EASTTOWN SCHOOL DISTRICT
200 IRISH ROAD • BERWYN, PA 19312-1260 • 610-240-1000

STUDENT SERVICES CENTER: 610-240-1045

REGISTRAR: 610-240-1016

REQUEST FOR RELEASE OF RECORDS

_____ Last Name First Name Middle (Maiden)

Year of Graduation: _____ **OR** Withdrawal Date: _____

Date of Birth: _____ Grade at Withdrawal: _____

Contact Information (Phone/Email): _____

DELIVERY INSTRUCTIONS:

(Transcript will be sent as indicated below. If emailing to a university, please confirm that they will accept an emailed transcript.)

Name/University _____

Email Address _____

OR

Street Address _____

City/State/Zip _____

Name/University _____

Email Address _____

OR

Street Address _____

City/State/Zip _____

Name/University _____

Email Address _____

OR

Street Address _____

City/State/Zip _____

I authorize the release of requested official records and/or my high school transcript (signed/school seal) which may include: name, address, date of birth, parent/guardian, grade level completed, group test results, class rank, co-curricular activities, attendance, psychological or special placement data, and grades to date of withdrawal.

Student Signature (original signature required)

Date

Fee: \$5.00 per copy

Cash or Checks Accepted

Checks Payable to: Conestoga High School

Received: _____

Date Record Sent: _____

Paid: _____